# Workforce Investment Act (WIA) Individual Training Account (ITA) Application



#### **Credential and Employment Consent Agreement**

This agreement is made by and between DeKalb Workforce Development (DWD) and the Workforce Investment Act (WIA) program participant. As a program participant and while enrolled in the WIA program within DeKalb County schools and technical and proprietary schools, I understand that it is my responsibility to make every effort to successfully complete the program. I agree to immediately release to DeKalb Workforce Development any pertinent information associated with my attendance such as enrollment status, a copy of my Certificate of Successful Completion and employment status.

| School/Training:  |   |
|---|---|
| Date of Completion:   | Credential/Certification:   |
| address and telephone numbe starting salary, job title, and b | on as possible if I receive employment and furnish the name, er of my employer. I further agree to report the starting date, benefits offered. However, my employer is authorized to release DeKalb Workforce Development on my behalf. |
| Employment Start Date:  | Salary: \$  |
| Job Title:  |   |
| Benefits:   |   |
|   | Supervisor:   |
| Employer Address:   |   |
| Employer Phone:   |   |
| Employer Fax:   |   |
|   | VIDE THIS INFORMATION I HEREBY GIVE PERMISSION Y SCHOOL/EMPLOYER TO OBTAIN THIS INFORMATION.  |
| Print Name  | Participant's Signature   |
| Parent/Guardian's Signature                                   | Career Consultant's Signature (DWD)   |

O.C.G.A. § 50-36-1(e)(2) Affidavit By executing this affidavit under oath, as an applicant for a(n) [type of public benefit], as referenced in O.C.G.A. 50-36-1. [name of government entity], the undersigned applicant verifies one of the following with respect to my application for a public benefit: 1) I am a United States citizen. 2) I am a legal permanent resident of the United States. 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is: The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A.  $\S$  50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state). Signature of Applicant Printed Name of Applicant SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_\_, 20

NOTARY PUBLIC
My Commission Expires:

### Workforce Investment Act Commonly Asked Questions

#### 1. What is an "In Demand" Occupation?

A "In demand" occupation is one that offers stability and growth in the job market. The ONET online (<a href="http://online.onetcenter.org">http://online.onetcenter.org</a>) provides current analysis for any labor market industry. Customers pursuing any training can be empowered with the ability to make wiser choices and better decisions as it relates to reaching their training and employment goals.

#### 2. How long is the WIA application process?

The WIA application process should take a minimum of (30) thirty days. This is not a quick or instant process; it depends heavily on the customer and the availability of the following: (1) Orientation Process, (2) Eligibility, (3) Appointment with Career Consultant, (4) Approval Process.

#### 3. Do I have to be employed to receive WIA benefits?

No. You can be underemployed, a laid off worker, or wanting to obtain a skill upgrade and be considered eligible; however your choice of training must be a demand occupation.

#### 4. Do I have to apply for financial aid in order to receive WIA funding?

Yes, Individuals interested in attending training where Pell and Hope scholarships are available, will be required to complete the Federal Financial Aid Form (FASA) before being approved for training. FASFA information packets are available on line at <a href="http://www.fasfa.ed.gov">http://www.fasfa.ed.gov</a> or in financial aid offices.

# 5. If I was approved for WIA training in the past, but never took the class and the school did not receive funding on my behalf, can I still get WIA training?

Yes, but it will depend heavily on the assessment of the career consultant.

#### 6. How will I know if I have been approved for training?

You will be contacted by a career consultant via email or phone.

#### 7. Does WIA pay for online classes?

No, WIA does not have a policy in place for online classes. In the future, WIA may approve distance learning on a case-by-case basis when certain conditions are met and the customer appears to have a likely chance of successfully completing the training.

#### 8. What is the minimum age to be eligible for WIA training?

A customer must be Age 18 or above on the Date of Registration to be eligible for WIA Adult or Dislocated Worker funding for Occupational Skills training and supportive services.

#### 9. Do I have to have a high school diploma or GED to receive WIA benefits?

No, not to receive WIA benefits but yes if required by your career or school choice. GED Preparation is offered Monday – Thursday 9:00 – 12:00pm at this location.

#### 10. Will WIA assist me in receiving my bachelors or advanced degree?

WIA regulations require the training be completed within 2 years. Therefore, if a customer already has college credits equal to at least two years, and can finish the program within the allotted time, it is possible for WIA to help the customer complete the bachelor's degree. The major has to be occupation specific, in a demand occupation, such as accounting, CIS. General Majors such as business management would not be supported. The DeKalb Workforce Board's current policy is not to approve funding for masters degree, as that does not fit in with the requirement of serving "most in need".

#### 11. Can I still qualify for WIA benefits if I am an ex offender?

Yes, you can qualify for WIA benefits, you will need to be assessed by a career consultant, and the training requirements differ accordingly to the case.

#### 12. Will I still be eligible for benefits if I have a defaulted student loan?

Yes, but additional eligibility requirements may apply in order to get approved for training.

#### 13. Why do I need to take a reading and Math assessment?

The reading and math assessments help us determine that the student has the proper basic skills in order to successfully complete the training program. Each school has submitted to the state the grade level required for admission into a particular program. These requirements can be found on the EPL. If a customer does not initially meet those requirements, training is not denied – just temporarily put on hold until the customer can bring up the scores to the required level. The remedial classes are available here at the center and are free of charge.

#### 14. If I receive WIA, do I need to be enrolled in school fulltime?

Yes, WIA will only pay for full time training. Full time training is based on the school's schedule.

#### 15. Can I be trained in more than one occupation?

No, funds are only available for training in one demand occupation per individual. Upon completion of training, every effort should be made to seek, find and maintain permanent full time employment.

#### 16. If I just moved to DeKalb County can I still be eligible for WIA benefits?

Yes. The customer needs to show current residence in DeKalb County, and there is no minimum time requirement.

#### 17. What is my next step?

If you are interested in receiving WIA funding for training, please complete a Training Interest Questionnaire and return to the Orientation Facilitator and you will be scheduled for an eligibility session. If you interested in job search please visit our One-Stop Center.

#### 18. How long can my training last?

WIA may be approved for short or long -term training for up to 2 years. Programs should not exceed 104 weeks (2 years). Exceptions to this policy may be approved on a case by case basis and requests should include evidence that financial support is available during extended training periods. Applicants must be accepted into the specific occupational skills training program of their choice. While the emphasis in career education is on specialized offerings, each degree/certificate program includes a selection of courses (Prerequisites) from an approved core of general education; these approved core courses (prerequisites) will be included in the customer's Individual Training Account funding. Extended critical shortage healthcare curricula will be reviewed and approved on a case-by-case basis.

#### 19. Can I continue to receive my unemployment insurance while in training?

Yes! As a dislocated worker you will be given a special claimant trainee status while you're in an approved training program. This means that you may continue to draw unemployment insurance while you are in full-time training (full-time as defined by the school). Please note that you may exhaust unemployment insurance before you finish training if you select a training program longer than your employment benefits are scheduled to last.

#### 20. Can I attend any school or training program I wish?

The school and the training program must be on Georgia Statewide Eligible Provider List and must be approved by the local Workforce boards. Training Providers and programs are determined eligible based on the Metro Area Job Outlook and Demand Occupations.

#### 21. I have a bachelor's degree. Will WIA pay for me to receive a master's degree?

Yes, but only if you do not possess the skills needed to obtain a job in the present job market. If approved, the advanced degree must lead to a job in a growth occupation.

## **Eligibility Requirements and Checklist**

Use this form to determine eligibility for WIA Services
Under WIA, who are Dislocated Workers, Displaced Homemakers, Adults?

**Dislocated Workers** are individuals who have lost their employment or income from employment for one or more of the following circumstances:

- Has been laid off and received a Separation Notice <u>and</u> is eligible for or has exhausted U. I. <u>or</u> is not eligible for U. I. due to insufficient earnings or having performed work for a non-covered employer, but has been employed for duration to show attachment to the workforce (6 months) <u>and</u> is unlikely to return previous occupation without additional services or training
- Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days
- Previously self-employed and unemployed due to natural disaster or general economic conditions
- After layoff, have become reemployed in an income maintenance position and meets the definition of a currently employed dislocated worker.

Currently employed dislocated workers may be determined eligible for services if the customer's current employment meets all of the following conditions:

The individual is currently making less than 85% of former wages, and/or is in employment that uses significantly less skills or abilities than the job of dislocation, and

The individual's current employment and job of dislocation is not in a field or occupation that is generally known for short term or contract work. In these instances, customers may be assessed for program eligibility at the time they are no longer working.

#### **Displaced Homemakers** (male or female)

- An individual who has been providing unpaid services to family members in the home and who
- Has been dependent on the income of another family members but is no longer supported by that incomes and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment (may include spouses of dislocated workers)

**Adults** are individuals age 18 and older who may be eligible based on family size and income.

# **Veterans Determination Worksheet**

| Customer's Name   |                                 |                |              |      |
|---|---------------------------------|----------------|--------------|------|
| Participant ID Number (e.g., social security or alien number)   |                                 |                |              |      |
| Are You a Veteran?  | YES                             | NO             |              |      |
| If "YES"  Did you serve in the active military, naval or air service?   |                                 | _              | Yes _        | No   |
| Were you discharged or released under conditions other th   | han dishonorable?               | _              | Yes          | No   |
| If the customer can answer "Yes" to <u>both</u> of these questio "covered person" under the Veterans Priority Policy.     | ons, then he/she qualifies as a | ı              |              |      |
| Are you married to a Veteran?   | YES                             | NO             |              |      |
| If "YES"  Does your spouse have a total disability resulting from a s   | service-connected disability?   | , _            | Yes _        | No   |
| Is your spouse listed as forcibly detained or interned by a in action or captured in the line of duty, and has been so li |                                 | Yes _          | No           |      |
| If the customer can answer "Yes" to <u>either</u> of these questi "covered person" under the Veterans Priority Policy.    | ions, then he/she qualifies as  | a              |              |      |
| Are you a surviving spouse of a Veteran?  | YES                             | NO             |              |      |
| If "YES"  Did your spouse die of a service-connected disability?  |                                 | _              | Yes _        | No   |
| Did your spouse die while a total disability resulting from was in existence?   | a service-connected disabil     | ity?           | Yes _        | No   |
| If the customer can answer "Yes" to <u>either</u> of these questi "covered person" under the Veterans Priority Policy.    | ions, then he/she qualifies as  | a              |              |      |
| <b>DETERMINATION</b> Based on the information proved to me by the customer, I have det                                    | termined that this individual   |                |              |      |
| ISIS NOT a co   | overed person under the V       | eterans Priori | ty Policy of | DWD. |
| Workforce Professional  |                                 | Date /         | /20          | _    |



| Name:  |  |
|--|--|
| Address:   |  |
| Phone Number:  | Alternate #:                                   |
| Email Address:   | an nonewroul: Coll 404 697 2400 to cahadula an |
| *Please attend an Intake Session once you complete you | ir paperwork. Can 404-08/-3400 to schedule an  |

|   | appointment. (BY APPOINTMENT ONLY)  |
|---|---|
| Initial each item                       | INTAKE CHECKLIST  |
| you have                                | A convert this cheat list is the first item in the neeket then the Weterens Priority of Service   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | A copy of this check list is the first item in the packet then the Veterans Priority of Service   |
|   | "Tgi kungt"B 'y y y (f gnordy qtnhqteg(qti and Resume (Be sure to include email address on Resume)  Training Interest Questionnaire (Be sure page 3 includes the salary, dates and reason(s) for leaving  |
|   |   |
|   | and be sure on page 6 both places are signed)   |
|   | Social Security Card AND Georgia ID or Georgia Driver's License OR ALIEN Card OR Passport   |
|   | Proof of Residence (Bill, Lease, Recent Mail, Letter from person residing with)   |
|   | Family Income Verification proof of income for the past six months can be any of the following:   |
|   | Most recent check stubs, Social Security Benefits, TANF, Food-stamps, letter from person  most disconnected for a income.   |
|   | providing support if no income  |
|   | Unemployment Insurance (UI) Examiner Letter or Separation Notice for Dislocated Workers  (Letter Letter Letter Of Separation Notice for Dislocated Workers)   |
|   | (Involuntary Lay-off or company closure)  |
|   | Notice of layoff or separation notice (Layoff due to no fault of the customer)  |
|   | (Displaced Homemakers: Bring copies of layoff of spouse)    Figure   F |
|   | Employer Target List List 10 of the most current employment/employer opportunities you have   |
|   | recently applied for. Sample search engines are: <a href="https://www.aiciaha.com">www.hotjobs.com</a> ,  |
|   | www.ajcjobs.com, www.indeed.com; www.thejobsite.org   |
|   | Selective Service for all males born after January 1, 1960 must be registered. Visit <a href="www.sss.gov">www.sss.gov</a> to print off verification or a copy of your DD214  |
|   | ITA/ Fast Track Application completed in full with all research and job ads attached. Do not attach single newspaper cut outs – print off detailed job ads from the INTERNET. Is your training in Demand? See DeKalb Workforce Development's <a href="Demand Occupation List">Demand Occupation List</a> (This is a sample list only)   |
|   | Overview of the industry5 ads for companies with current openings in your training field of interest (include requirements, be sure you will meet the requirements of each ad after training.) <b>In addition</b> to the 5 ads you must attach the labor market research. This information tells us about the industry you are interested in. Things like wages now and in the future; if it's an in demand occupation now and in the future; what the job duties are, skills required, etc. (do not confuse this with the employer target list)  |
|   | Attach the printouts from the three schools you have selected from the approved website listed here (www.gcic.edu/gawia) The first printout should be the contact information per school then the actual  |
|   | program information per school. <b>You should have 2 pages per school/ total of 6 pages when done</b> O*NET Interest Profiler – Visit <a href="https://www.gcic.peachnet.edu">www.gcic.peachnet.edu</a> – User ID is dekalbwdd and password is  |
|   | gcis1557print off the summary page at the end of the survey   |
|   | TABE Test Results (TABE test is required-schools cannot waive this test)  |
|   | M-W-F at 8:45am –please take it prior to coming to the Intake Session. For practice, you can Google   |
|   | sample reading and math worksheets on decimals, fractions, word problems and reading  |
|   | comprehension.)   |
|   | Financial Aid Verification ( <u>www.fafsa.ed.gov</u> )  |
|   | 7 year MVR for truck drivers only   |
|   |   |
|   | Acceptance letter  Program Books Letter if attending a Technical School (Connet be provisional)   |
|   | Program Ready Letter if attending a Technical School (Can not be provisional)   |

# HOW TO ACCESS THE O'NET INTEREST PROFILER & SKILLS ASSESSMENT

- 1. Type in website address <a href="www.gcic.peachnet.edu">www.gcic.peachnet.edu</a>
- 2. Click the "Enter key"
- 3. On the O'Net home page, click on the center button that say "Click here to enter"
- **4.** Type in the User ID "dekalbwdd"
- 5. Type in the Password "gcis1557"
- 6. Click on the "**Sign In**" button
- 7. When the next screen pop up, scroll down on the left hand side and click on "O'NET INTEREST PROFILER" link
- 8. You are going to come to a "Getting started" screen, which will explain to you what an **O'NET INTEREST PROFILER** is, click the "Green Arrow"
- 9. After reading the instruction, click the "Green Arrow again. You may now begin answering the 180 questions.
- 10. After you complete the assessment, click on "Get Results"

  \*Click "Print" on the O'NET page (not from the File menu)

  \*Print Your Name in the little rectangle box

  \*Click Print again, and then click OK

If you are using the Resource Center, you will need to come to the Resource Center Desk to pick up your printed results.

Continue to do the Skills Assessment by clicking "Home". When the home page is up again scroll down on the left hand side and click on the "SKILLS ASSESSMENT" link. Follow the instructions and complete the assessment. To print the results, follow step 10 above (You need to choose Rate Skills & 30 Top Occupations).

\*\*\*To know what occupations there are according to how you had answered the questions, go back to the Home page and click on "Occupation" then click the first letter of your occupation. When the next page come up, click on "Print" at the right hand side, type Your Name, click "Select All Related Topics", click "Print" at the bottom. The print screen will come up and click OK.



#### **Training Interest Questionnaire**

Dear Training Applicant,

Thank you for your interest in applying for services under the Workforce Investment Act (WIA). To help us match you with a training program that best meets your needs and interests, please complete this Questionnaire and return it to DeKalb Workforce Development at 320 Church Street, Decatur, GA 30030. If some questions make you uncomfortable, you may wait and discuss your answers with a Career Advisor. A Career Advisor will schedule an appointment and review your answers with you. Some other important key items you need to be aware of include: In addition to completing the Questionnaire, you may be required to complete additional tests to determine your employment skills. If you have low skills in reading and math, or lack a high school diploma or GED, you may be required to attend classes to improve your skills before you can begin training. If you are interested in attending training where PELL grants and HOPE scholarships are available, you will be required to complete the federal Financial Aid Form (FAFSA) before you are approved for training. You can obtain a copy of the FAFSA information packet on-line at www.fafsa.ed.gov. Because of funding limitations, not all eligible applicants are approved for WIA funding. Applicants from DeKalb County service area who have met the basic eligibility criteria will be given priority for training funds. Your request for training will be evaluated on the following criteria: date of your questionnaire, your last date of employment, availability of the training you want, your need for training or retraining, and other funds available to you. Your Career Advisor will keep you informed about the status of your application. You will also have to meet additional eligibility requirements for training. Your Career Advisor will review the eligibility requirements and begin documenting your eligibility. We will work with you to collect information to establish your eligibility for training and support assistance. If you have question about completing this application, you may call (404) 687-3400. Additional information is available on the internet at http://www.dekalbworkforce.org/employmentandtraining.html. Name: Social Security No: \_\_\_\_\_ Apartment No. County: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_ City: Message Phone: Phone:

**Return Form to:** 

DeKalb Workforce Development 320 Church Street Decatur, GA 30030

Please complete and return this form along with required documentation listed on the Eligibility Requirement Checklist at the Intake session held every Tuesdays at 10:00am at DeKalb Workforce Development, 320 Church Street, Decatur, GA 30030.

|    | AME:ART I, SECTION A: TRAINING (   | GOALS AND EDUCAT                            | ION HISTORY                   |                       |
|----|--|---|-------------------------------|-----------------------|
| 1. | Do you have a training goal?  a. Describe your training goal. Be b. Why did you select this training c. Which do you prefer? d. Are you currently in school? | specific yes goal?  Classroom training (sch | nool) On-the-Job              | Training (OJT)        |
| 2. | If you do not have a training goal, do   | you need assistance in s                    | electing a training goal?     | yes no                |
| 3. | If you prefer classroom training, hav<br>If yes, list the name of your first and   |   |                               | □ n/a                 |
| 4. |  | course of study.                            | on B below.                   |                       |
|    | Did you find a job after you complet a. If yes, was the job related to the b. List name of employer:   | training you received?                      |                               |                       |
| 6. | List other funds you are seeking to a  | ssist you throughout train                  | ing (i.e. PELL, HOPE, scholar | ships, etc.)          |
| PA | ART I, Section B: EDUCATION  |   |                               |                       |
| W  | hat is the highest grade you have com  | pleted?                                     | _ years                       |                       |
|    | ist the name and address of every schertificates and areas of study.   | nool you have attended, i                   | ncluding high school. Inc     | licate any degrees or |
|    | <b>School</b>  | <b>Course of Study</b>                      | <u>Did You Graduate?</u>      | <u>Year</u>           |
|    |  |   | ☐ yes ☐ no                    |                       |
|    |  |   | ☐ yes ☐ no                    |                       |
|    |  |   | ☐ yes ☐ no                    |                       |
|    |  |   | yes no                        |                       |

Please note: Additional information concerning computer related skills and training appears in Section D of the questionnaire.

| Employer   |                                    |                        |      |            |        |  |
|--|------------------------------------|------------------------|------|------------|--------|--|
| Name.<br>Address:  |                                    |                        |      |            |        |  |
| Addiess  |                                    | State                  | 7in: |            | Phone: |  |
| City<br>From:  | To:                                | State: State:          | z.ip | Ioh Title: | 1 HOHC |  |
| Duties   | 10.                                | 110uity wage           |      | 300 1100.  |        |  |
|  |                                    |                        |      |            |        |  |
| Equipment and  | l Tools Operated:                  |                        |      |            |        |  |
| Reason for Lea   | avıng:                             |                        |      |            |        |  |
| Employer   |                                    |                        |      |            |        |  |
| Name:  |                                    |                        |      |            |        |  |
| Address:   |                                    | C4 4                   | 7:   |            | Dhana  |  |
| City:  | Та:                                | State:<br>Hourly Wage: | Zıp: | Ich Ti41   | rnone: |  |
| rrom:  | 10:                                | Hourly Wage:           |      | Job 11tle: |        |  |
|  |                                    |                        |      |            |        |  |
|  |                                    |                        |      |            |        |  |
| Equipment and  | l Tools Operated:                  |                        |      |            |        |  |
| Equipment and Reason for Lea   | d Tools Operated:                  |                        |      |            |        |  |
| Reason for Lea<br><b>Employer</b>  | aving:                             |                        |      |            |        |  |
| Reason for Lea<br><b>Employer</b><br>Name:   | aving:                             |                        |      |            |        |  |
| Reason for Lea  Employer  Name: Address:   | aving:                             |                        |      |            |        |  |
| Reason for Lea  Employer  Name: Address:   | aving:                             |                        |      |            |        |  |
| Reason for Lea  Employer  Name: Address:  City: From:  | To:                                | State:<br>Hourly Wage: |      |            |        |  |
| Reason for Lea  Employer  Name: Address:  City: From:  | To:                                |                        |      |            |        |  |
| Reason for Lea  Employer  Name: Address: City: From: Duties:   | To:                                | State:Hourly Wage:     | Zip: | Job Title: | Phone: |  |
| Employer Name: Address: City: From: Duties:  | To: I Tools Operated:              | State:<br>Hourly Wage: | Zip: | Job Title: | Phone: |  |
| Employer Name: Address: City: From: Duties: Equipment and Reason for Lea   | To: I Tools Operated:              | State:Hourly Wage:     | Zip: | Job Title: | Phone: |  |
| Employer Name: Address: City: From: Duties: Equipment and Reason for Lea   | To:  To:  I Tools Operated: aving: | State:Hourly Wage:     | Zip: | Job Title: | Phone: |  |
| Employer Name: Address: City: From: Duties: Equipment and Reason for Lea  Employer Name: Address:                                | To: I Tools Operated: aving:       | State:Hourly Wage:     | Zip: | Job Title: | Phone: |  |
| Employer Name: Address: City: From: Duties: Equipment and Reason for Lea  Employer Name: Address:                                | To: I Tools Operated: aving:       | State:Hourly Wage:     | Zip: | Job Title: | Phone: |  |
| Employer Name: Address: City: From: Duties: Equipment and Reason for Lea  Employer Name: Address:                                | To: I Tools Operated: aving:       | State:Hourly Wage:     | Zip: | Job Title: | Phone: |  |
| Reason for Lea  Employer  Name: Address: City: From: Duties:  Equipment and Reason for Lea  Employer  Name: Address: City: From: | To: To:                            | State:Hourly Wage:     | Zip: | Job Title: | Phone: |  |

NAME: \_\_\_\_\_

|  | No<br>Skills | Can<br>Get<br>Around | Can<br>Perform<br>Basic<br>Functions | Can<br>Perform<br>Advanced<br>Functions | Expert<br>Technical<br>User | Com<br>Forn<br>Trair |                |
|--|--------------|----------------------|--------------------------------------|---|-----------------------------|----------------------|----------------|
| Word Processing  Microsoft Word  Word Perfect  |              |                      |                                      |   |                             | Yes<br>Yes           | No<br>No       |
| Computer Spreadsheets  Lotus Excel   |              |                      |                                      |   |                             | Yes<br>Yes           | No<br>No       |
| Internet   |              |                      |                                      |   |                             | Yes                  | No             |
| Personal or Office email   |              |                      |                                      |   |                             | Yes                  | No             |
| Computer Operating System Other Other Other  |              | as Windows 2         | XP, etc.)                            |   |                             | Yes<br>Yes<br>Yes    | No<br>No<br>No |
| Please list any other comp<br>skills, other types of con-<br>education, and other IT rec | nputer sl    | kills such as        | database mana                        |   |                             |                      |                |
| If you are interested in co  |              |                      |                                      |   |                             |                      | ld, please     |
| indicate how the desired tra   | aining w     | ill enhance you      | ır ability to obta                   | ain and maintai                         | n employment.               |                      |                |
| Other comments about you   | ır compu     | ter skills:          |                                      |   |                             |                      |                |

NAME: \_

PART I, SECTION D: COMPUTER SKILLS

| NAME   |  |                |                   |
|--------|--|----------------|-------------------|
| PART   | I, SECTION E: ASSETS AND BARRIERS TO EMPLOYMENT  |                |                   |
| Please | answer the following questions to help us determine your employment and                        | training ass   | ets and barriers. |
| -      | are uncomfortable with any question and would prefer to address the quest                      | ion directly v | with a Career     |
| Adviso | r, please specify.   |                |                   |
| 1.     | Do you have problems reading and understanding written English?                                | yes            | no                |
|        | Do you have problems understanding spoken English?   | yes            | no                |
|        | Are you under the age of 22?   | yes            | no                |
|        | Are you over the age of 55?  | yes            | no                |
|        | Are you working a full-time job now?   | yes            | no                |
|        | Do you have a part-time job?   | yes            | no                |
| 7.     | Have you registered for work at the Department of Labor  |                |                   |
|        | Employment Office?   | yes yes        | no                |
| 8.     | Have you applied for unemployment insurance?   | yes yes        | no                |
|        | Are you receiving unemployment compensation?   | yes            | no                |
| 10.    | Was your unemployment insurance claim denied?  | yes yes        | no                |
| 11.    | Were you laid off from your job because of company downsizing                                  |                |                   |
|        | or reorganization?   | yes            | no                |
| 12.    | Did you receive severance pay from your last employer?   | yes            | no                |
| 13.    | Are you willing to work weekends?  | yes            | no                |
| 14.    | Are you willing to work nights?  | ☐ yes          | no no             |
| 15.    | Does your family want you to get a job?  | yes yes        | no                |
| 16.    | Do you have a valid driver's license?  | ☐ yes          | no no             |
| 17.    | Has your driver's license ever been suspended?   | yes yes        | no                |
| 18.    | Will you need to arrange transportation before you can accept a job?                           | yes            | no                |
| 19.    | Are you now or have you in the past six months received food stamps?                           | yes            | no                |
| 20.    | Are you now or have you in the past six months received TANF or welfare?                       | □ voc          | $\Box$ no         |
| 21     |  | ∐ yes          | ino no            |
|        | Are you currently receiving retirement pay? Are you currently receiving social security?       | ☐ yes          | i no              |
|        | ·  | ∐ yes          | ∐ no              |
| 23.    | Are you currently using your savings to support you and your family while you are out of work? | yes            | no                |
| 24.    | Do you have children who will need child care while you are in training?                       | yes            | no                |
|        | Do you have a misdemeanor or felony conviction?  | yes            | no                |
|        | Have you had a problem finding a job in your recent job search?                                | yes            | no                |
|        | Do you have a current resume?  | yes            | no                |
|        |  |                |                   |

**For Office Use:** 

|   | SECTION F: (  | CONTACT PERSON s listed below does not live with m   | ne but can always o   | contact me.   |  |  |
|---|---|--|---|---|--|--|
| Name                                      |   |  | Relationship  | ip  |  |  |
| Address _                                 |   |  | City  | St  | Zip  |  |
| Home Tel                                  | ephone Numbe  | r:   | Message Te  | elephone:   |  |  |
| Email Ado                                 | dress:  |  |   |   |  |  |
| The information and advertised also under | rsely affect my<br>tion are initial<br>ent Developme<br>for training unt<br>estand that any | provided is true and accurate. I un application for WIA assistance. steps. After those steps are count Plan. Staff is unable to make it this Employment Development I payments I make to a school (tuitible reimbursable by WIA. | I also understand<br>mpleted, staff will<br>any commitment<br>Plan has been com | that an applicate that an applicate that an applicate that applicate that applicate that an applicate that are applicated to the applicate that are applicated that are applicated to the applicate that are applicated to the applicated the applicated that are applicated to the | tion and eligibility<br>ne to complete an<br>er or not I will be<br>ed and approved. I |  |
|   | Sig   | nature of Applicant  |   | Date  | ;  |  |
| program e                                 | eligibility for tra   | owing information indicated with<br>aining and support services. I also<br>r eligibility items before approval to<br>I am authorized to work in the  | understand that I for training and/or   | may be require  | ed to provide proof  |  |
|   |   | I am a resident of the DeKalb  | County Service A  | rea.  |  |  |
|   |   | I am registered with the Selec   | tive Service (males   | s only, born on   | or after 1/1/1960)   |  |
|   |   | U.S. Citizen. If no, please con Alien Card #   |   | xpiration Date _  |  |  |
|   | _   | nature of Applicant  |   | Date  |  |  |
|   |   | OFFICE USE ONLY  | -+++++++++++++  | ++++++++++++  | +++++++++++++  |  |
| Yes                                       | □No   | Job Seeker has received one o Service provided:  |   |   |  |  |
| Yes                                       | ☐ No  | Job Seeker has received one o Service provided:  |   |   |  |  |
| The initial                               | review of this  | application indicates the job seeker   | may qualify as: Dislocated Wo   |   |  |  |

# FAMILY INCOME AND COMPOSITION (for Adult eligibility only)



| Names of Family Members<br>Including Applicant   | Relationship to<br>Applicant | Age | Social Security<br>Number | Income (From 6 months prior to date of this application)   |
|--|------------------------------|-----|---------------------------|--|
|  |                              |     |                           |  |
|  |                              |     |                           |  |
|  |                              |     |                           |  |
|  |                              |     |                           |  |
|  |                              |     |                           |  |
|  |                              |     |                           |  |
|  |                              |     |                           |  |
|  |                              |     |                           |  |
| TOTAL NUMBER OF FAMILY MEMBERS:  |                              |     |                           | TOTAL INCOME: \$ Compare this total 6 month income to the Income Chart in the Eligibility Checklist to see if you are eligible |
| Include any other sources of financial support such as: Unemployment, Child Support, Social Security |                              |     |                           |  |

Note: Falsification of Data on this form is a crime against Federal and State laws. Falsification or concealment of information is punishable by a fine or imprisonment or both and will require repayment of any monies paid to, or on behalf of, the applicant while in a training program.

Signature of Applicant Date

# **Employer Target List**

You will be contacting many employers during your job search. It is important to keep a record of each contact, the results of the contact and the follow-up steps which are necessary. Organizing this information will help you be more effective in your job search. Use the form below to keep track of every contact with a potential employer and the results of that contact.

| Company | Phone | Contact<br>Person/Title | Position<br>Applied For | Date | Type Of<br>Contact | Response or Result | Date To<br>Check<br>Back | Thank<br>You Note<br>Sent |
|---------|-------|-------------------------|-------------------------|------|--------------------|--------------------|--------------------------|---------------------------|
|         |       |                         |                         |      |                    |                    |                          |                           |
|         |       |                         |                         |      |                    |                    |                          |                           |
|         |       |                         |                         |      |                    |                    |                          |                           |
|         |       |                         |                         |      |                    |                    |                          |                           |
|         |       |                         |                         |      |                    |                    |                          |                           |
|         |       |                         |                         |      |                    |                    |                          |                           |
|         |       |                         |                         |      |                    |                    |                          |                           |
|         |       |                         |                         |      |                    |                    |                          |                           |
|         |       |                         |                         |      |                    |                    |                          |                           |
|         |       |                         |                         |      |                    |                    |                          |                           |

# Fast Track ITA

| LABOR MARKE  | T RESEA  | RCH                  |                        |  |                            |
|--|--|----------------------|------------------------|--|----------------------------|
|  |  |                      |                        |  |                            |
| Name of your first choice school:  |  |                      |                        |  |                            |
| What program? (Example: truck driving, nursing)  |  |                      | ate:                   | End date:  |                            |
| Total Cost:  |  |                      |                        |  |                            |
| Are there jobs available in this field that you would qualify for after training?  | YES  |                      |                        | No – please s<br>another area<br>in demand an<br>will enhance<br>current skills          | that is<br>id that<br>your |
| Attach 5 job ada to above you would have both the aw   | norion accond  | 1 th a               |                        | What's the av salary for this industry?  |                            |
| Attach 5 job ads to show you would have both the excredential for this type of job after training. Read eac only attach those you would qualify for.   |  |                      |                        | Attach verific<br>of salary<br>information a<br>overview of t<br>industry to th<br>page. | ınd<br>his                 |
| ONET SU  | JRVEY  |                      |                        |  |                            |
| List the top three results from the ONET Survey and  | the actual sc  | ore. Ex              | ample: (               | Social 22)   |                            |
| 1.   |  |                      | I                      |  |                            |
| 2.   |  |                      |                        |  |                            |
| 3.   | CCMENT   |                      |                        |  |                            |
| After choosing your three schools and reading over Requirements for each school. Your TABE scores in are no grades listed on the Eligible Providers List is write your TABE scores here. If you find that your seguence your paperwork and write in the scores that match here | er the mater<br>nust match withen you mucores do not | vhat the<br>ust scor | school is<br>e 12.0+ a | looking for.<br>utomatically.  | If there<br>Please         |
|  |  |                      |                        |  |                            |
| Reading:   |  |                      | Retake                 | YES NO   | 0                          |
| Math:  |  |                      |                        |  |                            |



# Fast Track ITA

| Participant: Date:   |                                      |
|--|--------------------------------------|
| Instructions: This worksheet will help you gather information about desired training and potential jobs available after you complete training for the occupation you have chosen. To help you decide which program is best for you, collect information on (3) schools that offer the same training program considering flexibility of schedule and travel distance. Attach copies of both, the job announcements and the 3 schools from the approved vendor list at <a href="https://www.gcic.edu/gawia">www.gcic.edu/gawia</a> . Be sure to print off the information page for each school as well as the page that shows the training you want. You should have a total of six printouts from this website in addition to the 5 job ads in the field. |                                      |
| School #1  |                                      |
| What are the program's entry requirements?   |                                      |
| How long does it take to complete?   |                                      |
| How much does it cost to attend the program?   |                                      |
| Are there other sources of financial aid available?PELLHopeOther   |                                      |
| What instruction methods are used?% Instructor Lea   | ad% Self-directed                    |
| What job placement assistance is provided by the vendor?   | Placement StaffJob Order Leads Other |
| School #2  |                                      |
| What are the program's entry requirements?   |                                      |
| How long does it take to complete?   |                                      |
| How much does it cost to attend the program?   |                                      |
| Are there other sources of financial aid available?PELLHopeOther   |                                      |
| What instruction methods are used?% Instructor Lea   | ad% Self-directed                    |
| What job placement assistance is provided by the vendor?   | Placement StaffJob Order Leads Other |
| School #3  |                                      |
| What are the program's entry requirements?   |                                      |
|  |                                      |
| How long does it take to complete?   |                                      |
| How much does it cost to attend the program?   |                                      |
| Are there other sources of financial aid available?PELL  | HopeOther                            |
| What instruction methods are used?% Instructor Lead% Self-directed   |                                      |
| What job placement assistance is provided by the vendor?   | Placement StaffJob Order Leads Other |